

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i> FIRST <i>Michael</i> MI	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received 2023 APR 10 11:22 AM CITY OF BEAUMONT OFFICE OF THE CLERK </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Hand-delivered <i>9:22</i> Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Imaged </div>			
	NICKNAME LAST <i>Cooper</i> SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5040 Oakmont Dr. Beaumont TX 77706</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(409) 291-1078</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i> FIRST <i>Karen</i> MI <i>P.</i>				
	NICKNAME LAST <i>Young</i> SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2626 Calder St. Ste. 105 Beaumont TX 77702</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(409) 833.4345</i>				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year <i>01 / 23 / 2023</i> THROUGH <i>03 / 27 / 2023</i>				
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 06 / 2023</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council-At-Large</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	<input type="checkbox"/> GENERAL	COMMITTEE NAME			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,166.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,367.91

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 48.09

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

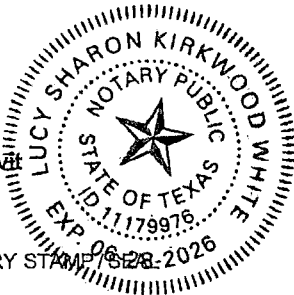
18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Michael Cooper this the 6th day of April

2023 to certify which, witness my hand and seal of office.

[Signature] Lucy Sharon Kirkwood-White Lucy Sharon Kirkwood-White Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,166.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,367.91
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,495.50
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch. 1/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/25/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elmo Bernie Burnistine</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>5386 Smart Rd Silsbee TX 77656</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/25/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J.C. Modica</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
Contributor address; City; State; Zip Code <i>2395 Long Ave Beaumont TX 77702</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Abraham Peter</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>6925 Glen Willow Dr. Beaumont TX 77706</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alice Norwood</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>2702 International Ave Orange TX 77632</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <i>Sch: 2/9</i>	
2 FILER NAME <i>Cooper, Michael</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/31/2023</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Erik Thomas</i>		7 Amount of contribution (\$) <i>\$100.00</i>	
		6 Contributor address; City; State; Zip Code <i>Beaumont TX</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <i>2/2/2023</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Emerson Lee</i>		Amount of contribution (\$) <i>\$40.00</i>	
		Contributor address; City; State; Zip Code <i>Beaumont TX</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <i>2/6/2023</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Johnny Cooper</i>		Amount of contribution (\$) <i>\$100.00</i>	
		Contributor address; City; State; Zip Code <i>2249 N. 10th Apt 82 Beaumont TX 77702</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <i>2/6/2023</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Earl Tebo</i>		Amount of contribution (\$) <i>\$20.00</i>	
		Contributor address; City; State; Zip Code <i>Beaumont TX</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 3/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cequana Clark</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/16/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rhonda Ruben</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Wortham</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>1360 Audoben Pl. Beaumont TX 77706</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Lavelly</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 4/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darnella Cooper</i> 6 Contributor address; City; State; Zip Code <i>6380 Mayhew Dr. Beaumont, TX 77708</i>	7 Amount of contribution (\$) <i>\$20.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Balinda Cooper</i> Contributor address; City; State; Zip Code <i>Beaumont TX</i>	Amount of contribution (\$) <i>\$20.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Octavia Brown-Reed</i> Contributor address; City; State; Zip Code <i>8230 Shenandoah Dr. Beaumont TX 77706</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gwen Singleton</i> Contributor address; City; State; Zip Code <i>Beaumont TX</i>	Amount of contribution (\$) <i>\$30.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 5/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arthur Smith</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>2445 Rusk St. Beaumont TX 77702</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tiffany Silva</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>3758 Champions Dr. Beaumont TX 77707</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>June & Micheal Alexander</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>4370 Rohi Beaumont TX 77705</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daryl Johnson</i>	Amount of contribution (\$) <i>\$11.00</i>
Contributor address; City; State; Zip Code <i>5370 Nelkin Lane Beaumont TX 77708</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 6/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor <i>Milton Cooper</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <i>1746 Woodville, TX</i>	7 Amount of contribution (\$) <i>\$30.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Linda Roberts</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>6690 Speer Rd Beaumont TX 77708</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Cayla Morris</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1645 Avenue I Beaumont TX 77701</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Troy Mosby</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>15206 Benson Landing Dr. Cypress TX 77429</i>	Amount of contribution (\$) <i>\$400.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 7/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sidnee Lewis</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>6120 Folsom Dr. #8208 Beaumont TX 77706</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shaneka Gundry (Richardson)</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>1020 Lilac Ln Beaumont TX 77706</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Levy Barnes</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jackie R. Cooper</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 8/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sharon Boutte</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>9450 Washington Blvd Beaumont TX 7707</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Veronica Handy</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Larry E. Tillery</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>#5 Estate of Monclaire Beaumont TX 7708</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cynthia Woolridge</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>6933 Day Dr. Fort Worth, TX 76132</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Sch: 9/9</i>
2 FILER NAME <i>Cooper, Michael</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kinsel-Kinsel Partnership LD</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 2470 Beaumont TX 77704</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Martin Horak-BeeOn. Net</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions) <i>Small Business Owner</i>		Employer (See Instructions)
Date <i>3/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vicki Palmer</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>Beaumont TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 4</i>	2 FILER NAME <i>Cooper, Michael</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-30-2023</i>	5 Payee name <i>Lamar Media Corp</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>4520 W. Cardinal Dr. Beaumont, TX 77705</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Billboards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>3-3-2023</i>	Payee name <i>I Am Designs</i>	
Amount (\$) <i>\$25.00</i>	Payee address; City; State; Zip Code <i>3850 Robinson St Beaumont, TX 77708</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Final Customized Business Card</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>3-3-2023</i>	Payee name <i>I Am Designs</i>	
Amount (\$) <i>\$157.50</i>	Payee address; City; State; Zip Code <i>3850 Robinson St Beaumont TX 77708</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Final T-Shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 4</i>	2. FILER NAME <i>Cooper, Michael</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-6-2023</i>	5 Payee name <i>Michael Cooper</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>5040 Oakmont Dr. Beaumont TX 77706</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan Repayment/Reimbursement</i>	(b) Description <i>Reimbursement of Personal Funds Loaned to Campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>3-7-2023</i>	Payee name <i>Chris Tejada</i>	
Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>4165 Old Dowlen Rd #53 Beaumont TX 77706</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food-Setup & Decor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>3-1-2023</i>	Payee name <i>Kirksey's Rubber Stamps & Copies</i>	
Amount (\$) <i>\$1,100.93</i>	Payee address; City; State; Zip Code <i>3865 W. Lucas Dr. Beaumont TX 77706</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Fees</i>	Description <i>Campaign Signs (Yard & Road)</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4		2 FILER NAME Cooper, Michael		3 Filer ID (Ethics Commission Filers)	
4 Date 3-10-2023		5 Payee name Kirksey's Rubber Stamps & Copies			
6 Amount (\$) \$ 514.00		7 Payee address; City; State; Zip Code 3865 W. Lucas Dr. Beaumont, TX 77706			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Fees		(b) Description Campaign Signs (Road)		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3-15-2023		Payee name Kirksey's Rubber Stamps & Copies			
Amount (\$) \$440.35		Payee address; City; State; Zip Code 3865 W. Lucas Dr. Beaumont, TX 77706			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Fees		Description Campaign Signs (Road)		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3-24-2023		Payee name Kirksey's Rubber Stamps & Copies			
Amount (\$) \$455.13		Payee address; City; State; Zip Code 3865 W. Lucas Dr. Beaumont, TX 77706			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Fees		Description Campaign Signs (Yard)		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Cooper, Michael	3 Filer ID (Ethics Commission Filers)
4 Date 3-26-2023	5 Payee name Seven Mobile Marketing - James Locke	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 8230 Stacy Ln Beaumont, TX 77705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mobile Marketing
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 3</i>	2 FILER NAME <i>Cooper, Michael</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-29-2023</i>	5 Payee name <i>I Am Designs</i>	
6 Amount (\$) <i>40.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3850 Robinson St. Beaumont TX 77708</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Deposit for Business Card Design</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <i>1-29-2023</i>	Payee name <i>I AM Designs</i>	
Amount (\$) <i>\$125.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3850 Robinson St. Beaumont TX 77708</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Deposit for T-Shirts (Design)</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <i>1-31-2023</i>	Payee name <i>Lamar Media Corp</i>	
Amount (\$) <i>\$600.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4520 W. Cardinal Dr. Beaumont TX 77705</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Billboards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 3	2 FILER NAME Cooper, Michael	3 Filer ID (Ethics Commission Filers)
4 Date 2-24-2023	5 Payee name 100 Plus Black Women Coalition of Beaumont Inc.	
6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4865 Cornell Drive, Beaumont, TX 77705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad-Full Page
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 3-6-2023	Payee name Seven Mobile Marketing-James Lecke	
Amount (\$) \$310.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8230 Stacy Ln Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mobile Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 3-20-2023	Payee name Rev. Joseph Roberts S.O.C-Save Our Children, Children In Motion, LLC.	
Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5475 Landry St. Beaumont TX 77708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad-Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 1.2em; font-family: cursive;">3 of 3</div>	2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Cooper, Michael</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">3-27-2023</div>	5 Payee name <div style="font-size: 1.2em; font-family: cursive;">Lamar Media Corp</div>	
6 Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$4720.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">4520 W. Cardinal Dr. Beaumont, TX 77705</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Advertising Expense</div>	
	(b) Description <div style="font-size: 1.2em; font-family: cursive;">Billboards</div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED